

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF DRIVER LICENSES  
BUREAU OF DRIVER EDUCATION AND DUI PROGRAMS

**LICENSE APPLICATION FOR**  
**COMMERCIAL DRIVING SCHOOL**

This form is to be used for original and renewal applications for the purpose of securing approval to engage in motor vehicle driving instruction, by the individual, association, corporation or partnership as owner of the school for a license to conduct a Commercial Driving School, in accordance with the provisions of Chapter 488, Florida Statutes and the Contractual Agreement for Commercial Driving Schools.

This form and all required documentation and fees are to be submitted to:

Department of Highway Safety and Motor Vehicles  
Bureau of Driver Education and DUI Programs  
Neil Kirkman Building, Mail Stop 88  
2900 Apalachee Parkway  
Tallahassee, Florida 32399-0570

**THIS APPLICATION MUST BE COMPLETE WITH ALL REQUIRED DOCUMENTS AND FEES ATTACHED PRIOR TO SUBMISSION TO THIS OFFICE.**

**AN APPLICATION FOR LICENSE RENEWAL RECEIVED LESS THAN 45 DAYS FROM THE EXPIRATION DATE WILL NOT BE ACCEPTED BY THE DEPARTMENT AND THE LICENSE WILL NOT BE RENEWED. IN SUCH CASE, A COMMERCIAL DRIVING SCHOOL MUST SUBMIT AN ORIGINAL APPLICATION FOR LICENSURE.**

O = Original Application R = Renewal Application B = Both

All fees are due at submission and are made payable to:  
Department of Highway Safety and Motor Vehicles.

<b>Application Fee:</b>	<b>\$ 50.00 (O)</b> _____
	<b>Non-Refundable per F.S.488.03</b>
Original License Fee:	\$200.00 (O) _____
License Renewal Fee:	\$100.00 (R) _____
<b>Original Vehicle Registration:</b>	<b>\$ 15.00 (O)</b> _____
	<b>Non-Refundable per F.S.488.05</b>
Renewal Vehicle Registration:	\$ 10.00 (R) _____

1. GENERAL INFORMATION.

(B) Name of School: \_\_\_\_\_  
**PLEASE ATTACH CERTIFICATE OF FICTITIOUS NAME OR CERTIFICATE OF INCORPORATION**

(B) Business Address: \_\_\_\_\_  
**PLEASE ATTACH CERTIFICATE OF OCCUPANCY OR LEASE AGREEMENT**

(B) Branch Offices (List Licensed Name and Business Address):

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Each branch office location requires a separate license application and fee.**

(B) Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. OWNER/OPERATOR.

(B) If the school is owned by an individual, partnership, principal stockholder(s), association or a corporation, list the name, addresses and positions of all persons involved. (Continue on a separate sheet of paper and attach if necessary.) **PLEASE ATTACH FDLE REPORT FOR EACH OWNER/OPERATOR**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. PROGRAM OF INSTRUCTION.

(B) a. Does the school make available both academic and practical instruction? \_\_\_\_\_

(B) b. Does the school provide academic instructions to students? \_\_\_\_\_ If so, explain and supply a copy of the academic methodology used, the text or materials used, and their origin? (attach to this document).

- (B) c. How much instructional time is devoted to academic instruction per student?\_\_\_\_\_
- (B) d. How much instructional time is devoted to practical instruction per student?\_\_\_\_\_
- (B) e. What is the time period of the course of instruction given to the average student before the student attempts to obtain a restricted driver license?\_\_\_\_\_
- (B) f. Number of instructors employed?\_\_\_\_\_
- (R) g. Number of students taught in the last twelve (12) calendar months?(male)\_\_\_\_\_(female)\_\_\_\_\_(total) \_\_\_\_\_.
- (R) h. Average hours of driving instruction with student in actual physical control of the motor vehicle?\_\_\_\_\_
- (R) i. Average hours of academic instruction per student?\_\_\_\_\_
- (R) j. Number of students holding a valid Class "E" license?\_\_\_\_\_
- (R) k. Number of individuals instructed in the following age groups:
- |       |       |       |         |       |
|-------|-------|-------|---------|-------|
| 1     | 5-16  | _____ | 41-50   | _____ |
| 1     | 7-18  | _____ | 51-60   | _____ |
| 19-30 | _____ |       | Over 60 | _____ |
| 31-40 | _____ |       |         |       |
- (B) l. Fees charged to students per hour \$\_\_\_\_\_
- (B) m. Enclose a copy of your contract which is given to each student.
- (B) n. List of all instructors and agents employed by the school (if necessary continue on a separate sheet and attach to this application):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- (B) o. Enter the following information with respect to school vehicles, licensed by the Department, to be used by your organization. These vehicles must be dual controlled. (if necessary continue on a separate sheet and attach to this application). **ATTACH A CURRENT CERTIFICATE OF INSURANCE FOR EACH VEHILCE LISTED**

<u>Make of Vehicle</u>	<u>Year</u>	<u>VIN</u>	<u>Own/Lease</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Whenever motor vehicles are replaced or added, notify the Department and forward a valid certificate of insurance for new vehicle registration.

#### 4. SUPPLEMENTARY INFORMATION

- a. Have you ever been convicted of, plead nolo contendere too or plead guilty to a felony in any State or Federal Court? \_\_\_\_\_.  
If yes, describe:\_\_\_\_\_

- b. Have you ever been convicted of, plead nolo contendere too or plead guilty to a misdemeanor in any State or Federal Court? \_\_\_\_\_. If yes, describe:\_\_\_\_\_

- c. Driver License number:\_\_\_\_\_ State:\_\_\_\_\_

**AFFIDAVIT**

**STATE OF FLORIDA**

**COUNTY OF \_\_\_\_\_**

The information supplied above is true and complete. I understand that any fraudulent or misinformation supplied or information withheld by me will result in the permanent revocation of my commercial driving school's license. I also understand that as a result, I will never again be able to be involved in commercial driver education in the State of Florida.

\_\_\_\_\_  
(Signature in Full)

\_\_\_\_\_  
(Position in School)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

ATTACH THE FOLLOWING TO THIS APPLICATION:

- (B)1. All additional information called for throughout the application.
- (B)2. All fees for this document.
- (B)3. Attach a Certified copy of certificate of Fictitious Name, from the Department of State, as filed under the Fictitious Name Act. The Certificate must not be more than five (5) years old. However, if your school is incorporated you must submit a copy of the Certificate of Incorporation filed with the Department of State within the last 12 months. (To request information on how to obtain a copy of your certificate please call (850) 488-9000.)
- (B)4. Attach a Certificate of Insurance including description of the motor vehicle providing coverage for commercial driver education use of such vehicle and the certificate must also state that ten (10) days notice will be given to the Bureau of Driver Education and DUI Programs, Department of Highway Safety and Motor Vehicles in the event of change or cancellation of the policy.
- (B)5. Attach a current Florida Department of Law Enforcement report for each owner, director, officer, partner or principal stockholder(s), of the partnership, association or corporation. This report will be accepted up to 12 months from the date of issuance. **Please note - applicant that have not been a resident of Florida for at least a year must also include a criminal background check from their previous state of residency. To request information on how to obtain a FDLE Report please call**
- (B)6. **For Commercial Truck Driving Schools**, attach the current year U.S. Department of Transportation Annual Inspection form (NAV-90-553) on each vehicle your organization will use for instruction.